NEWTOWN HERITAGE FESTIVAL



A CELEBRATION OF THE HISTORY OF STEPHENS CITY, VIRGINIA

APPLICATION FOR PARTICIPATION IN THE NEWTOWN HERITAGE FESTIVAL

You may select more than one option. En	try fees may apply. Addition	al rules/information will be p	orovided.
Demonstrating Art	isanFoo	od Vendor	
Apple Crate Derby (maximum age 13		rade	
Crafts	Bea	auty Pageant aximum age 21)	
Business Display/S	Sales	- , <i>,</i>	
Donation \$certificates/mercha		lunteer	
Indiv/Group Name			
Contact Name			
Address	City	State	Zip
Phone #s: Home	Cell	Work	
E-mail address			
Artisan/Crafter/Business/Para Attach separate sheet if necessary.	ade/Food: Description of	of Entry, Items to be sold of	or displayed.
Is any electricity require Size of booth/trailer			
Apple Crate Derby/Beauty Pa	geant:		
DOB of participant	//School	ol	
Parent Name (print)			

Food vendors must comply with Health Department regulations and complete a separate Health Department application. Food vendors must also provide an Insurance Certificate naming the Newtown Heritage Festival and the Town of Stephens City as "Additional Insured" parties.

Any items sold must have prices prominently displayed throughout the Festival. A parent or legal guardian must sign giving permission for any participant under the age of 18.

The NHF Committee reserves the right to reject any application. All participants must adhere to specific event rules. Participants may be asked to leave if violations occur. Entry fees will be forfeited if the participant is required to leave.

WAIVER

As an applicant to and/or participant in the Newtown Heritage Festival (NHF) of Stephens City, VA, I hereby waive all claims for loss or damage to any exhibits or property owned by me or my company or under my control at the NHF whether or not any such loss or damage is caused by an act or failure to act by any committee member or volunteer of the NHF or employee of the Town of Stephens City, VA.

Neither the Town of Stephens City nor the Newtown Heritage Festival, nor any employees or volunteers thereof, are responsible or liable for any injury to any persons participating in any NHF sponsored event.

I hereby grant permission for the NHF to publish and/or reproduce any photographs taken by NHF in future advertising whether printed or in electronic format.

Signature	Date		
For NHF use only	Date Received	Fees Received	
Committee	<u>Date</u>	Action/Approval	<u>By</u>
***************************************			<u> </u>
	-		<u> </u>
